

DEEOIC Industrial Hygiene and Medical Expertise

Overview

To establish that an employee was exposed to a toxic substance, the evidence of file must show evidence of potential or plausible exposure to a toxic substance and evidence of covered DOE contractor/subcontractor or uranium employment at a covered DOE/RECA facility during a covered time period.

DOL Regulatory Requirements

Establish employment-related exposure to a toxic substance at a DOE facility or RECA section 5 facility.

- Proof of exposure to a toxic substance present.
- Site Exposure Matrices (SEM) may be used as a basis that a particular substance was present.

The evaluation of the exposure to toxic substances includes:

- The nature, frequency and duration of exposure of the covered employee;
- Evidence of the carcinogenic or pathogenic properties;
- An opinion of a qualified physician with expertise in treating, diagnosing or researching the illness claimed to be caused or aggravated by the alleged exposure; and
- Any other evidence that demonstrates a relationship between a particular toxic substance and the claimed illness.

Industrial Hygiene Reviews

- Three Industrial Hygienists (IHs) are on staff (two are federal employees, one is a contractor).
- All three of the Industrial Hygienists are certified by the American Board of Industrial Hygiene in the comprehensive practice of industrial hygiene.

- The Certified Industrial Hygienists (CIHs) review and evaluate historical occupational safety and health data (which may or may not include employee-specific industrial hygiene monitoring data), along with the application of specialized knowledge relating to the field of industrial hygiene.

IH Referral from the District Office

- The CE identifies an exposure issue that requires review by an IH.
- The CE uses the information in the Site Exposure Matrix (SEM) and the case file as a whole to frame the question as carefully as possible based upon the claimed employment, process and illness. Other sources of information that the CE may use include:
 - Facility exposure records,
 - Data Acquisition Request (DAR) records,
 - The Occupational History Questionnaire (OHQ),
 - Employee records,
 - Verified affidavits,
 - DOE Former Worker Program (FWP) screening records,
 - National Institute for Occupational Safety and Health (NIOSH) site profiles,
 - Employee submitted evidence
 - Other evidence that establishes a toxic substance was present at the facility where the employee worked.
- A Statement of Accepted Facts (SOAF) accompanies the IH referral.

IH Review

- The IH's role is to anticipate, recognize, and evaluate hazardous conditions in occupational environments, and to opine based upon his or her specialized knowledge. The IH strives to answer the question based upon the information outlined by the CE.
 - The IH's input on selected cases includes:

- Identification of specific chemical or biological toxic substance(s) to which an employee had likely exposure over the course of his or her covered employment due to labor category; work-process; presence within a particular work building, area, or site; or as a result of an occupational accident or incident.
 - Identification of specific description of the nature, extent, and duration of exposure(s) to specific toxic substance(s) that an employee likely encountered because of his or her covered employment.
 - Evaluation and comparative analysis of opinions presented by claimant experts that respond to questions of the nature, extent and duration of employee exposure to toxic substance(s).
 - The IH also reviews SEM searches performed by the CE to determine whether or not they were performed correctly and accurately.
- The IH renders an expert opinion in the form of a memorandum that addresses the issue as specifically as possible. The IH's reply addresses the specific question posed by the CE in the SOAF, and employs his or her specialized training to make findings based upon the evidence of file and clearly rationalized science. The opinion presented by a CIH is:
 - Identified as a specific chemical or biological toxic substance;
 - Informed by the work history of the employee as accepted by the CE;
 - Predicated on the reasoned application of available data and scientific information;
 - Formed using appropriate application of expert knowledge in the field of industrial hygiene;
 - Communicated in a clear understandable written narrative.
 - The IH's role is to anticipate, recognize, and evaluate hazardous conditions in occupational environments. The IH's written opinion is used by CEs to make factual findings of exposure that are then conveyed to a physician for the purpose of obtaining a medical opinion as to whether the exposure was a factor in causing, contributing to or aggravating a diagnosed illness.

NOTE: To be distributed for review - Example of a basic IH review

Medical Reviews

- A Contract Medical Consultant (CMC) is a contracted physician who conducts a review of case records to render opinions on medical questions.
- DEEOIC uses the services of a contractor to coordinate referrals of cases to CMCs. The function of the CMC is to conduct a file review and opinion on causation or respond to general medical inquiries.
- Appropriate reasons for CMC referral includes the following:
 - Diagnosis. Clarification and confirmation of diagnosis.
 - Causation. Assessment of exposure and medical documentation for the purpose of rendering an opinion on causation.
 - Impairment. Percentage of permanent impairment to the whole person as a result of an accepted illness or illnesses (wage loss issue).
 - Onset Date. Onset and period of illness relating to reported wage-loss.
 - Consequential Injuries. Determination of consequential illness/injury due to accepted illness or treatment of that illness.
 - Treatment. Medical necessity of medical care, durable medical equipment or home/auto modification.
 - Clarification. Interpretation of medical reports, test results or other medical evidence.
- Medical opinions from a CMC are essential to the resolution of claims due to ambiguous causation opinion, lack of medical evidence, unique exposures or other medical questions.
- The function of a CMC is to provide clarity to claims situations in the absence of pertinent or relevant medical evidence from other sources.

CMC Oversight

National Office Reviews

CMC and Second Opinion (SECOP) Medical Specialists Audit (February 2015)

- The purpose of the review was to assess the quality of District Office and physician work products and referral packages through the QTC (CMC/SECOP scheduling contractor) web portal and the quality of the physician responses. CMC review includes referrals for all issues except impairment evaluations (e.g., diagnosis, causation, consequential conditions, and medical necessity of treatment). SECOP review included all referrals. The review criteria included:
 - Quality of District Office inputs. Questions in this category were intended to assess the appropriateness of the referral, the quality and completeness of the SOAF, and the appropriateness of the questions asked by the District Office.
 - Quality of the medical review and opinion. Questions in this category were meant to evaluate whether the written SECOP medical report is complete and appropriate to the issue under consideration. The reviewer will also assess whether the physician's responses to the questions are well-rationalized and consistent with the totality of the evidence in the case under review.
- The overall findings of the audit with regard to CMC referrals support that the system is working satisfactorily.

Annual Accountability Reviews of District and FAB Offices

- While CMC referrals were not a specific component of the recent accountability reviews, they were reviewed in conjunction with the overall development of the case under Part E. A question under this element concerns CMCs: "Does the case record demonstrate appropriate use of the opinion of a treating physician, CMC or DEEOIC specialist to substantiate the findings made regarding illness causation?"
- The overall finding for this question was satisfactory for all district and FAB offices.

CMC Contract Reviews

- The COR and NO Medical Director review the weekly, monthly and quarterly QTC reports, which include the numbers and types of medical reviews, by office and physician's name.
- The National Office staff conducts quarterly teleconferences with QTC staff. As needed, quarterly teleconferences are held with the CMCs to address training issues, clarification of DEEOIC procedures or requirements, and to allow the CMCs to ask questions related to their medical reviews.

Advice & Assistance

DEEOIC is interested in the Board's advice and assistance. To that end, below is a list of items with which we hope the Board can assist.

- New presumptive criteria to be applied in eliminating the need for medical review
 - Diagnosis + toxin + latency (time of exposure) = causation
 - Matrix of consequential illnesses that can be accepted once a primary work-related illness is accepted.
- Clarification/recommendation regarding the assessment of a medical opinion regarding the "rationalization" supporting a particular conclusion.
 - Standardized triggers for requiring independent medical reviews by CMC or SECOP.
- Methodologies for improving physician responsiveness to data requests including review of development letters, outreach efforts, and provider communications.
- What sources of information exist that describe the synergistic effects of chemical/radiological interactions and the resulting health effects of such interactions?
- Training resources for improving the quality of medical reviews of medical evidence in weighing conflicting evidence.
- Recommendations for standardization of IH reviews –

- Definition of exposure levels by employee,
- Recommendation regarding improving IH narrative findings of exposure.
- Proper assessment of employee toxic substance exposures in the absence of occupational safety and health monitoring data.
- Creation of a resource or recommendation regarding presumptive exposure classifications for certain workers or worker groups, e.g., workers significantly exposed to asbestos, mercury, lead etc.
- Improvements in data reporting by the CE to an IH or CMC for better scientific outcomes.
- Generalization of prior IH and CMC findings to pending adjudication actions.
- Policy guidance review
 - Circular 15-05, Occupational Exposure Guidance Relating to Asbestos
 - Circular 15-06, Post-1995 Occupational Toxic Exposure Guidance